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## BIB DATA SHEET

CONFIRMATION NO. 5703

<b>SERIAL NUMBER</b> 10/589,122	<b>FILING or 371(c) DATE</b> 08/10/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 1926-00120	
<b>APPLICANTS</b> Barry Peter Liversidge, Colchester, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB05/00487 02/11/2005 SDP 06/23/2010 <b>** FOREIGN APPLICATIONS *****</b> GREAT BRITAIN 0403335.3 02/14/2004 SDP 06/23/2010 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/19/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /SHEFALI DILIP PATEL/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> <del>32</del> 20	<b>INDEPENDENT CLAIMS</b> <del>2</del> 1
<b>ADDRESS</b> ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 EAST WISCONSIN AVENUE, SUITE 1100 MILWAUKEE, WI 53202 UNITED STATES					
<b>TITLE</b> Medical injector handling device					
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		